



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS
PA SUMMARY**

Preferred	Non-Preferred
All generic ACE Inhibitors, except perindopril Benazepril generic Captopril generic Enalapril generic Enalaprilat generic Epaned (enalapril powder for oral solution) Fosinopril generic Lisinopril generic Moexipril generic Quinapril generic Ramipril generic Trandolapril generic	Perindopril generic

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- ❖ Physicians discharging a member from an inpatient facility stable and responding to a non-preferred agent should request prior authorization as part of the patient's discharge planning.
- ❖ Epaned requires prior authorization for members 12 years of age and older.

PA CRITERIA:

For Perindopril Generic

- ❖ Approvable for members that have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or intolerable side effects to at least 2 of the preferred products.

For Epaned

- ❖ Approvable for members less than 12 years of age without prior authorization.
- ❖ Approvable for members 12 years of age or older with a diagnosis of hypertension, symptomatic heart failure or asymptomatic left ventricular dysfunction who are unable to swallow solid dosage forms of medication.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.



PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.